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HYSTERIA IN MEN.

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The subject of hysteria is one which must always demand attention from the practical physician, owing to the infinite variety of the phases under which the disease may present itself, the aptitude with which it simulates other diseases of a purely organic nature, and, lastly, the frequent association of organic lesions with symptoms of a purely psychical origin.

The evident loss of self-control, or "will-power," as it has been termed, which lies at the root of all the symptoms of this strange disease, appears, perhaps, in stronger contrast when occurring in men, from the fact that more or less deficiency in this respect is looked upon as one of the special characteristics of the weaker sex.

Many have been the theories mooted with the object of throwing some light upon the pathology of hysteria, and I will, with your permission, venture to mention one or two of the more feasible of these hypotheses.

It will be obvious that the numerous aspects under which the disease may present itself point clearly to a central rather than to a peripheral origin, and hence it is that the various theories centre round some abnormal condition of the cerebral hemispheres. The two theories most in vogue at the present day may best be described as the vascular and the molecular theories. According to the former, the symptoms of the disease, hysteria, depend for the most part upon an altered blood-supply to the ganglionic centres of the cerebral cortex. This theory gains considerable support from the fact that fasting, anæmia, and all sources of prolonged physical and mental exhaustion are potent causes of certain forms of hysteria, mostly of a convulsive type, and moreover that stimulants and a generous dietary will, in such cases, frequently modify or prevent an impending attack.

The other theory, which I have named the molecular theory, and which claims, perhaps, more adherents than the foregoing, is to the effect that certain molecular changes

occur in the cortex of the cerebral hemispheres, disturbing for the time being the due relation between central and peripheral nerve-strands. This theory has been aptly illustrated by Dr. Russell Reynolds, who compared the relation existing between a healthy and a hysterical brain to that existing between a magnetized and a de-magnetized iron bar. We all know that a physical shock will so disturb the molecular composition of a magnetized iron bar as to deprive it of its magnetism, and in a similar manner may we not imagine that such a shock may suffice, in certain constitutions, to so alter the molecular composition of the cerebral cortex as to deprive the subject, for a time, of his power of self-control? There is, however, this great difference between the de-magnetized iron-bar and the hysterical brain, that the former, being inert, can never spontaneously regain its magnetism, whereas the latter, being a living, growing body, may, in time, regain its wonted stability.

With reference to the treatment of this disease, I have found that the removal of the patient from the influence of all injudicious sympathy, coupled with a plain but ample dietary, and, where the patient has faith in drugs, some simple placebo, will lead to a marked improvement in the symptoms, if not to a complete cure.

The three cases which I wish to detail to you have come under my care at the Croydon Infirmary during the past eighteen months, and are all well-marked examples of the disease.

CASE I.—The first case is that of J. C., a potman, aged 27, a tall and well-developed man, who came under my care first in June of last year (1886), with a history that, some few years previously he had been bitten by a dog. No after consequences occurred at the time, but for about twelve months previous to the time at which he came under my care he had been suffering from frequent fits of an epileptiform nature, during which he foamed at the mouth and barked like a dog, occasionally passing his urine under him. These fits varied in duration from a quarter of an hour to an hour, and during the fit there was marked opisthotonos, and the patient was very violent, though he rarely did himself any injury, and never bit his tongue during a fit. If any remarks were passed by onlookers during a fit the patient invariably remembered what had been said, and moreover it was found that when suggestions as to any heroic form of treatment (such as a cold douche) were made in his presence he came round far more rapidly than would otherwise have been the case. The patient was a man of most violent temper, and it was observed that he always had a fit when

anything occurred to displease him, or which threatened to interfere with his personal comfort.

In the intervals between these fits he complained of absolute loss of power in all four limbs, with some occasional and slight anæsthesia, but there was no wasting of any of the muscles, the reflexes were normal, and the sphincters unaffected. This apparent paraplegia had lasted for several months.

In common with many hysterical patients he was unable to control his laughter when amused, and he would frequently continue laughing for an hour or more over some trivial occurrence which had pleased him.

His intellect was, however, clear, and he took great pleasure in reading aloud to other patients, doing so with considerable fluency.

Before coming under my care he had been treated with large doses of bromide of potassium, and setons had been applied behind his ears, but the fits and the paraplegia still remained.

He was, therefore, placed under the care of a male attendant, and was given a plain but ample dietary, and it was found that he gradually convalesced, and at the end of some six months he was able to walk easily with crutches. He is now, I may add, earning his own living by working upon a railway-line, although he still, I hear, makes some use of his crutches, though more apparently from habit than from necessity. I might mention that I have, on more than one occasion, found the greatest difficulty in inducing patients convalescent from hysterical paraplegia to discard their crutches when they no longer required them.

One incident, which is extremely characteristic of the disease, occurred during the time that this patient was paraplegic, namely, that he was one day intensely annoyed with the nurse for refusing to turn over for him the newspaper which he was reading. After roundly abusing the nurse, and having completely lost his temper, he turned over the paper for himself, this being the first time that he had moved his arms voluntarily for some months. After this incident the paralysis of the upper limbs rapidly disappeared, but the paralysis of the legs remained for some time afterwards.

I would suggest that in this case, which is the most severe one that I have ever met with, the fear of hydrophobia excited by the bite of the dog had so unsettled the patient's mind that he, for a time, completely lost the power of self-control, and having in his mind the idea that "fits" and paralysis were the ordinary symptoms of hydrophobia, he accordingly gave way to the "fits" and firmly believed himself to be paralyzed.

CASE II.—The second case is that of G. M., aged 38, a short, healthy-looking man, who is subject to periodical attacks of paralysis of the lower extremities, lasting for from a few days to two or three weeks. The patient has suffered from these attacks for the past nine years, and during each attack he is gloomy and morose, scarcely speaking to anyone, and will refuse food for days.

At other times he is of an exceptionally merry disposition, will read and talk with fluency, and can walk or run with ease. Accompanying the paraplegia, the patient suffers from enormous tympanitic distension of the abdomen, the belly-wall being frequently as prominent as in a pregnant woman at full term. I can only compare this condition of the abdomen to that occurring occasionally in women, under the name of spurious pregnancy, and its cause I believe to be in both cases an hysterical paralysis of the muscular walls of the intestine, and abdominal parietes.

This patient has a marked lateral curvature of the spine, with the convexity towards the left side, and this, he states, he has had as long as he can remember. There is, however, no tenderness of the spine, the muscles of the lower limbs are not wasted, and the reflexes are normal.

This patient has also much improved under similar treatment, the attacks having become less frequent and of much shorter duration during the past twelve months.

In this case, as in the following one, we find associated symptoms of an undoubtedly hysterical origin, with true organic disease, and it is, of course, in such cases that the greatest care is requisite in separating the symptoms due to the organic lesions from those which are of a purely psychical origin.

CASE III.—The third case is that of J. W., aged 63, a spare and neurotic-looking man, who has suffered from paralysis of the lower extremities, with tingling sensations and other symptoms of a subjective nature, for the past four years.

The reflexes are normal, and there is no anaesthesia, no wasting of the muscles, and no affection of the sphincters, nor was there any tendency to the formation of bed-sores after the patient had been bed-ridden for some years. In this case also, strange to relate, there is a slight lateral curvature of the spine, and the patient is, moreover, a confirmed masturbator.

All the subjective symptoms were, for some months, completely cured by small doses of very dilute Aq. Rosæ, the patient remarking, however, on several occasions that the medicine was rather too strong, and sometimes got into his head. This patient has certainly improved to the extent that he now gets up every day, whereas formerly he was bed-ridden, but the paralysis of the lower extremities has not yet disappeared, and I must confess that, while admitting hysteria to be responsible for the majority of the symptoms, I am yet inclined to consider this patient an inveterate malingerer, who, so long as his friends will support him, has no desire to regain the power to walk.

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Infancy

by

J. S. Clouston



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